



Massachusetts Department of Environmental Protection  
Bureau of Waste Site Cleanup

BWSC-114S

ACTIVITY & USE LIMITATION (AUL) OPINION FORM

Release Tracking Number

-

COMPLETE THIS FORM AND ATTACH AS AN EXHIBIT TO THE AUL DOCUMENT TO BE RECORDED AND/OR REGISTERED WITH THE  
REGISTRY OF DEEDS AND/OR LAND REGISTRATION OFFICE.

**A. LOCATION OF DISPOSAL SITE AND PROPERTY SUBJECT TO AUL:**

Disposal Site Name: \_\_\_\_\_

Street: \_\_\_\_\_ Location Aid: \_\_\_\_\_

City/Town: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Address of property subject to AUL, if different than above. Street: \_\_\_\_\_

City/Town: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**B. THIS FORM IS BEING USED TO:**

Provide the LSP Opinion for an Amendment and Ratification of a Notice of Activity and Use Limitation, pursuant to instructions provided by DEP  
in a Notice of Audit Findings issued to:

Name of Organization or person: \_\_\_\_\_

Date issued: \_\_\_\_\_

**C. LSP OPINION:**

I attest under the pains and penalties of perjury that I have personally examined and am familiar with this submittal, including any and all documents accompanying this submittal. In my professional opinion and judgment based upon application of (i) the standard of care in 309 CMR 4.02(1), (ii) the applicable provisions of 309 CMR 4.02(2) and (3), and (iii) the provisions of 309 CMR 4.03(5), to the best of my knowledge, information and belief.

The Amendment and Ratification of the Activity and Use Limitation that is the subject of this submittal is being provided in accordance with instructions provided by the Department of Environmental Protection in a Notice of Audit Findings issued to:

Name of Organization or person: \_\_\_\_\_

Date issued: \_\_\_\_\_

I am aware that significant penalties may result, including, but not limited to, possible fines and imprisonment, if I submit information which I know to be false, inaccurate or materially incomplete.

☐ Check here if the Response Action(s) on which this opinion is based, if any, are (were) subject to any order(s), permit(s) and/or approval(s) issued by DEP or EPA. If the box is checked, you MUST attach a statement identifying the applicable provisions thereof.

LSP Name: \_\_\_\_\_ LSP #: \_\_\_\_\_ Stamp: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext.: \_\_\_\_\_

FAX: \_\_\_\_\_

LSP Signature: \_\_\_\_\_

Date: \_\_\_\_\_

YOU MUST COMPLETE ALL RELEVANT SECTIONS OF THIS  
FORM OR DEP MAY FIND THE DOCUMENT TO BE INCOMPLETE.